

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10/678937**

FILING DATE **10/3/03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	<del>1</del>	<del>1</del>					51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20	<del>1</del>	<del>1</del>					70								
21	1						71								
22		/					72								
23		/					73								
24		/					74								
25		/					75								
26		/					76								
27		/					77								
28		/					78								
29		/					79								
30	/						80								
31		/					81								
32		/					82								
33		/					83								
34		/					84								
35		/					85								
36		/					86								
37		/					87								
38		/					88								
39	/						89								
40		/					90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	17						TOTAL DEP.								
TOTAL CLAIMS	20						TOTAL CLAIMS								